Complete if Known

10/646,482

PTC/SB/17 (12-04V2)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
the Panament's Reduction Act of 1895, on persons are recuded to respond to a collection of information unless it risulaws a valid OMR control number.

Application Number

ı	/ Effective on 12/08/2004.										
ì	pursuani	to the	Consc	lidated	í Aog	oropria	tions	ı Ad,	2005 (P	iR	4818
	_	_	T ,	~ •		10		# 1 -	77	-	

LEE HAN		Filing Date	August 22, 2003		
For FY	200	First Named Inventor	Michael L. Connell		
A selfect A Astronomy of the contract of the c	4.4 - 0-	Examiner Name	William P. Neuder 3672		
Applicant claims small entity s	Taius. Se	Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$)	200.00	Attorney Docket No.	HES 2003-IP-009847U	

TOTAL AMOUNT OF PAYN	IENT (\$)	200.00		Attomey Docker	No. HES	S 2003-IP-009	9847U1		
METHOD OF PAYMENT (check all that apply)									
✓ Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-0449 Deposit Account Name: McAfee & Taft									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of fee(s)									
FEE CALCULATION									
1. BASIC FILING, SEAR	CH, AND	EXAMINATION	FEE\$						
	FILING	FEES	SEAF	RCH FEES		ATION FEES			
Application Type	Fee (\$)	mall Entity Fee (3)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	30 0	, 		
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Small E. Fee Description Fee (\$) Each claim over 20 (including Reissues) 50									
	Each independent claim over 3 (including Reissues) 200 100								
	Multiple dependent claims . 360						180 Dependent Claims		
Total Claims - 20 or HP =	Total Claims Extra Claims Fee (\$) Fee Paid (\$)					Fee (\$)	Fee Paid (\$)		
HP = highest number of total	claims paid f	or, if greater than 20.	—			100147	100 / 0.0 101		
Indep. Claims	Extra Clai		Fee	e Paid (\$)					
4 - 3 or HP =	entent claim	x 200	_ = han 3.	200					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
sheets or fraction th <u>Total Sheets</u> - 100 =	ereof. Se Extra She	e 35 U.S.C. 41(a <u>ests</u> <u>Numb</u>)(1)(G) er of ea	and 37 CFR 1. ch additional 50 (round up to a	or fraction t		e (\$) Fee Paid (\$)		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)		
Other (e.g., late filing	g surcharg	e):							

SUBMITTED BY				
Signature	6	2/11/	Registration No. 37,562 (Attorney/Agent)	Telephone (405) 235-9621
Name (Print/Type)	Anthony L	. Rahhal		Date March 9, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademath Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.